

arrest, his decreased circulation, he ends up with loss of circulation in his hands and his feet, and gangrene sets in. Both his hands and both his feet have to be amputated.

Here is James after his HMO treatment, without his hands and without his feet. I brought him to the floor of Congress when we had our debate. He can put on his leg prostheses with his arm stumps, and he gets around pretty good, and he is a great kid. He will take a pencil, and he will hold it with his stumps, and he can draw and write like that. But I would submit to my colleagues that this little boy will never play basketball or sports.

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This little boy when he grows up will never be able to caress the cheek of the woman he loves with his hand. Do you know that under Federal law the HMO which made that medical determination that he had to go to that hospital that caused this to happen is liable for the cost of his amputations?

Mr. Speaker, if he died, then they would not have been liable for anything. Is that justice? Is that fair? Is that the type of system we ought to have that covers 75 percent of the people in this country who receive their insurance from their employer? I think not.

Let me give you another example of the problem with HMOs being able to determine "medical necessity" in any way that they want. Here is a little baby born with a defect, the type of which I fix; this is a cleft lip and a cleft palate. It is a birth defect. This is not a, quote, "cosmetic defect." This is a functional defect.

This little boy when he eats has food come out of his nose. This little boy, because he does not have a roof of his mouth or a palate, will never be able to learn to speak normally.

So what is the standard treatment for this? Surgical correction. We can go a long ways towards making these kids whole again and able to go out in public and able to speak and able to eat normally by a surgical correction of their palate.

You know what? There are some HMOs that are defining medical necessity as the "cheapest least expensive care," "the cheapest least expensive care."

Mr. Speaker, you may say in this age of cost containment, what is wrong with that? I will tell you what is wrong with that: the standard of care for this little baby born with this birth defect is surgical correction of his palate using his own tissues so that he is able to eat and speak normally.

Under that bizarre definition of an HMO, they can give his parents a little piece of plastic to shove up in the roof of his mouth, what is called an obturator, a plastic obturator. It would be like an upper denture. Yes, that would

keep food some of the time from going up his nose. He might be able to garble out some type of speech. But you know what? It would not be an optimal result.

Under Federal law as it currently exists today, that HMO can put that definition into their health plans, something in the fine print that none of you would ever know about. They could totally justify this, and you would have no recourse, other than maybe going to your newspaper and exposing them. That is wrong.

Mr. Speaker, this House passed by a vote of 275 to 151 a strong patient protection piece of legislation called the Bipartisan Consensus Managed Care Act. The gentleman from Georgia (Mr. NORWOOD), a very conservative Republican, and I, and the gentleman from Michigan (Mr. DINGELL) wrote that bill. We have had two motions to instruct for our conferees on this managed care patient reform bill to follow the House bill.

This House voted on the Senate bill, which is a do-nothing fig leaf bill, where the fine print is worse than the status quo. This House voted on that. You know what? This House voted by a vote of 145 for the Senate bill to 284 against the Senate bill.

We have a chairman of this conference who says we are going to stick to that Senate bill. Mr. Speaker, we can do better. We can do better for this little baby. We can do better for James Adams. We can do better for this lady and her family. We can do better for a woman who falls off a 40-foot cliff and is told by her HMO, sorry, you did not notify us before your fall.

We have waited on this legislation too long. It is time to fix it. The President has said put that bipartisan consensus Managed Care Reform Act, the one that passed this House with 275 votes, put it on my desk, and I will sign it. We should do that tomorrow, because I can guarantee you, Mr. Speaker, there are people out there at this very moment that are being harmed by HMOs that are being denied necessary medical care, who may lose their hands and feet or their life because of arbitrary decisions.

I call upon Members of both side of the aisle to work hard to bring a real patient protection bill out of conference to this floor and put it on the President's desk. If the conference brings back that unsatisfactory Senate bill, then I am just afraid we are all going to say no. Let us fix this problem, and let us fix it now. People need their care.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. RILEY) to revise and ex-

tend their remarks and include extraneous material:)

Mr. SMITH of Michigan, for 5 minutes, today.

Mr. PETERSON of Pennsylvania, for 5 minutes, today.

Mrs. CHENOWETH-HAGE, for 5 minutes, today.

ENROLLED BILL SIGNED

Mr. THOMAS, from the Committee on House Administration, reported that that committee had examined and found truly enrolled a bill of the House of the following title, which was thereupon signed by the Speaker:

H.R. 2130. An act to amend the Controlled Substances Act to direct the emergency scheduling of gamma hydroxybutyric acid, to provide for a national awareness campaign, and for other purposes.

ADJOURNMENT

Mr. GANSKE. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 1 o'clock and 6 minutes p.m.), the House adjourned until tomorrow, Thursday, February 10, 2000, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 8 of rule XII, executive communications were taken from the Speaker's table and referred as follows:

6089. A letter from the Under Secretary of Rural Development, Department of Agriculture, transmitting the Department's final rule—Rural Business Opportunity Grants (RIN: 0570-AA05) received December 21, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6090. A letter from the Administrator, Food and Nutrition Service, Department of Agriculture, transmitting the Department's final rule—Food Distribution Programs: Implementation of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform) received January 7, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6091. A letter from the Chairman and Chief Executive Officer, Farm Credit Administration, transmitting the Administration's final rule—Authority and Issuance—received January 7, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Banking and Financial Services.

6092. A letter from the Associate Solicitor for Legislation and Legal Counsel, Department of Labor, transmitting the Department's final rule—Supplemental Standards of Ethical Conduct for Employees of the Department of Labor (RIN: 1290-AA15, 3209-AA15) received January 7, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and the Workforce.

6093. A letter from the Director, Corporate Policy and Research Department, Pension Benefit Guaranty Corporation, transmitting the Corporation's final rule—Allocation of Assets in Single-Employer Plans; Interest Assumptions for Valuing Benefits—received January 24, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and the Workforce.